

S. No. 2
FORM-5-43
Rev. 5-17-39
X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS
FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. **16801**
Registrar's No. **2046**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KAISERS CITY**
(c) Name of hospital or institution **RESEARCH HOSPITAL**
(d) Length of stay: In hospital or institution **24 days**
In this community **24 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **DAVIESS 31**
(c) City or town **PATTOYSBURG**
(d) Street No. **0**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **JESS. ALEXANDER RAINSBACK**
(b) If veteran, name war **No**
(c) Social Security No. **NOIVE**

MEDICAL CERTIFICATION
23. DATE OF DEATH: Month **May** day **4**
year **1946** hour **110** minute **20 P.M.**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **HIVYA RAINSBACK**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **NOV. 4 - 1879**

21. I hereby certify that I attended the deceased from **4-10-46** to **5-4-46**
that I last saw him alive on **May 4 - 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma left kidney with generalized metastases**
Duration **1 year**

8. AGE: Years **66** Months **6** Days **0**
If less than one day hr. min.

9. Birthplace **WINSON CO. KANSAS**
10. Usual occupation **FARMER**

Other conditions (include pregnancy within 3 months of death)
Due to **52 a**

MOTHER FATHER
11. Industry or business
12. Name **EM. RAINSBACK**
13. Birthplace **DAVIESS CO MISSOURI**
14. Maiden name **MARIONA KIMBREK**
15. Birthplace **ILLINOIS**
16. (a) Informant **George Rainsback**
(b) Address **Salmon City MO**
17. (a) **removal** (b) Date thereof **5/5/46**
(c) Place: burial or cremation **Coffee MO**
18. (a) Signature of funeral director **D.W. McCombes Sons**
(b) Address **1401 SYBUSH Creek KCMO**
19. (a) **5-4-46** (b) **Blodine Holmes**

Major findings: Of operations **As above**
Of autopsy **As above**
PHYSICIAN **52 a**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Means of injury
23. Signature **H.B. Allibach** (M.D. or other)
Address **2300 Holmes, K.C. Mo.** Date signed **5-4-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8
3
8

15683

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Elmer Northey

Licensed Embalmer No.....

1767

P. O. Address.....

Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.